



Centennial
COMMUNITY DEVELOPMENT
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Contractor Waiver for Workers' Compensation Insurance

I, (print your name) _____,

verify that I am the sole owner or partner of (company name):

which has no employees and is not required by the State of Colorado to carry workers' compensation insurance.

I further state that if I hire subcontractors, they are in compliance with the State of Colorado Workers' Compensation insurance requirements and obtain the required contractor's business license from the City of Centennial.

Signature: _____ Date: _____